	CERTIFICA	TE OF ASSUMED BU	SINESS NAME	`
To th€	e SECRETARY OF STATE, S Pursuant to Section 53-504 adoption of an Assumed B	l, Idaho Code, the undersiલ	gned gives notice of	TEFFECTION
1.	The assumed business name which the undersigned use(s) in the transaction of business is:			
	Nanas DayCa	ire		
2.	The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are:			
	Name		<u>Address</u>	,
	Nona Shoff		EAST VIEW FO	ahu FAIL Id
	Nana's Daycare	SAN	1C	
	,			
3.	The general type of business	s transacted under the assu	med business name is:	
	Services See categories on reverse side No.			
4.	he name and address to which correspondence should be addressed:			
	Nanas Daucare			
	151 EAST VICW	Dr. Idaho Fr	alls. Ich 8349	<u>)</u>
	<u> </u>			
	Signed 700 Shoth			
	By Ilona Dhoth			
		Capacity <u>()UNEV</u>		
	nit Certificate of Assumed siness Name and \$20.00 fee to	o:		
Secr	etary of State		Customer#	
700 V	West Jefferson . Box 83720		IDAHO SECR	ETARY OF STATE
	e, ID 83720-0080		SCK: 1163 CT: 1 @ 20.00 = 2	153299 MA: 428428 0.88 ASSUM MAME # 2